

**INSTRUCTIONS FOR COMPLETING
PERMANENT HOUSEHOLD HAZARDOUS WASTE
COLLECTION FACILITY PERMIT BY RULE NOTIFICATION
FOR PROPOSED FACILITIES
FORM DTSC 1094B**

For use by public agencies proposing to operate a permanent household hazardous waste collection facility (PHHWCF).

**EACH SECTION OF THIS FORM MUST BE COMPLETED.
INCOMPLETE FORMS WILL NOT BE PROCESSED.**

Please check at the top of the form whether this is an initial or a revised notification. If this is a revision to an existing notification, place an asterisk (*) in the left margin next to the revised information. The notification must be revised whenever there is a significant change to the information required in this notification.

Please enter the name of the facility and the facility identification number at the top of each page.

I. GENERAL INFORMATION

ID NUMBER:

Enter your facility's 12-character California identification number. This number will begin with the letters "CAH". If you don't know your identification number or do not have an identification number, please contact the Department of Toxic Substances Control (DTSC) Manifest Unit at (916) 324-1781. The Manifest Unit will provide you with your number or send you an application form (Notification of Regulated Waste Activity (EPA Form 8700-12)).

FACILITY NAME:

Enter the name of the permanent household hazardous waste collection facility.

ADDRESS:

Enter the physical address of the collection facility.

LOCATION:

Describe how to locate or get to the facility. If the facility lacks a street name, give the most accurate alternative geographic information (e.g. section number or quarter section number from county records or at intersection of Rts. 425 and 22). Also enter the latitude and longitude of the facility in degrees, minutes and seconds. You may use the map you provide for Item K to determine latitude and longitude. Latitude and longitude information is also available from Regional Offices of the U.S. Department of Interior, Geological Survey and from State Natural Resource Agencies.

II. OPERATOR (PUBLIC AGENCY)

NAME:

Enter the name of the public agency that will be the legal operator of the PHHWCF.

ADDRESS:

Enter the mailing address of the public agency.

CONTACT PERSON:

Enter the name of a contact person (last name first) in the public agency who is knowledgeable about the notification and the PHHWCF.

TELEPHONE:

Enter the area code and telephone number of the contact person.

III. CONTRACTOR INFORMATION (IF APPLICABLE):

Complete this item only if the operator has contracted with another entity (e.g. private contractor) to do the actual management of the PHHWCF.

NAME:

Enter the name of the contractor company.

ADDRESS:

Enter the mailing address of the contractor company.

CONTACT PERSON:

Enter the name of a contact person (last name first) in the contractor company who is knowledgeable about the operation of the PHHWCF.

TELEPHONE NUMBER:

Enter the telephone number of the contact person.

IV. LOCAL AND STATE PERMITS REQUIRED FOR THE OPERATION OF FACILITY

List all local and state permits required for the operation of the facility. If no permits are required, state "no (local/state) permits are required" on the form. Please indicate whether the required permits have been obtained.

V. PROPERTY OWNERSHIP

PROPERTY:

Please indicate the legal ownership of the property on which the PHHWCF will be located. If applicable, include the property owner's name and telephone number. Note that if the property owner and the facility operator are different entities, a written agreement must exist between the property owner and the PHHWCF operator allowing operation of the facility.

VI. ACCEPTANCE OF AND MANAGEMENT OF SPECIFIC WASTE TYPES

WASTE FROM CONDITIONALLY EXEMPT SMALL QUANTITY GENERATORS:

Indicate whether the PHHWCF will accept wastes from conditionally exempt small quantity generators as defined by Health and Safety Code section 25218.

NON-ACCEPTANCE OF CERTAIN WASTES:

Please indicate if the PHHWCF will categorically exclude any certain types of waste. Use descriptive terms such as "compressed gas cylinders larger than 20 pounds".

CONSOLIDATION OF RECYCLABLES:

Please indicate which recyclable wastes will be consolidated at the PHHWCF.

VII. WASTE VOLUME

VOLUME COLLECTED:

Please indicate the approximate total volume of hazardous wastes you estimate will be brought to the PHHWCF in an average month. Please indicate this figure in either gallons or pounds.

STORAGE CAPACITY:

Please indicate the total capacity of each separate container storage area and specify gallons or pounds. A storage area would usually be a bermed area with an impervious base or some other type of secondary containment. Then for individual tanks, please indicate the maximum capacity of the tank and the type of waste which is stored in that tank.

VIII. DAYS AND HOURS OF OPERATION

Enter the average number of days per month during which the PHHWCF will accept wastes. Indicate also the hours the PHHWCF will be in operation on the days waste is being accepted. Show the hours using a 24-hour clock (for example: 8 am should be shown as 0800 and 1 pm should be shown as 1300).

IX. FACILITY DESCRIPTION

Please provide a detailed description of the physical components of the facility in enough detail that a person not familiar with the facility would be able to enter the facility and be able to understand the facility design. Include fencing, gates, traffic flow, waste removal area, waste sorting areas, and waste storage areas, etc.

X. REQUIRED ATTACHMENTS

A. FACILITY PLOT PLAN:

Each facility must include a drawing showing the general layout of the facility. This drawing should be approximately to scale and fit on an 8½" by 11" sheet of paper. This drawing should show the following:

1. Map scale and date.
2. The property boundaries of the facility.
3. Wind rose orientation.
4. The areas occupied by all storage and treatment units that will be used during operation of the PHHWCF.
5. The name and location of each operation area (Example: used oil storage tank, consolidation area, etc.).
6. The approximate dimensions of the property boundaries and each storage and treatment area.
7. Security provisions (fencing, gates, etc.).
8. Internal roads; on and off site traffic flow.

B. CERTIFICATION OF FINANCIAL RESPONSIBILITY FOR CLOSURE:

Attach certification required by Title 22, CCR, section 67450.30(b).

C. WRITTEN AGREEMENT BETWEEN PROPERTY OWNER AND FACILITY OPERATOR:

Please submit a signed agreement by the property owner acknowledging and allowing the operation of the facility if the property owner is different from the legal operator (Public Agency).

XI. OPERATOR CERTIFICATION

This section must be completed by a chief executive officer or elected official of the public agency operating the PHHWCF, as specified in Title 22, CCR, section 66270.11. Each copy submitted must have an original signature.

INSTRUCTIONS FOR SUBMITTAL OF NOTIFICATION

After completing the form, retain one copy for your records. Additionally, the owner of a PHHWCF shall submit, in person or by certified mail with return receipt requested, a DTSC Form 1094B (11/08) with original signature to CUPA or authorized agency. Submit another copy with original signature to the Department address given below:

Department of Toxic Substances Control
Consumer Products Section
Office of Pollution Prevention and Green Technology
P.O. Box 806, 11th floor
Sacramento, California 95812-0806

For DTSC Use Only

Region _____

**PERMIT BY RULE NOTIFICATION FORM
FOR PERMANENT HOUSEHOLD
HAZARDOUS WASTE COLLECTION FACILITIES****Please refer to the attached Instructions before completing this form.**

Initial Notification

☐

Revised Notification

☐**I. GENERAL INFORMATION**

ID NUMBER: CA _____

FACILITY NAME

FACILITY ADDRESS

CITY

_____ CA ZIP _____ - _____

COUNTY

LOCATION

(Description)

(Latitude & Longitude)

II. OPERATOR (PUBLIC AGENCY)

NAME

ADDRESS

CITY

_____ STATE _____ ZIP _____ - _____

CONTACT PERSON

(Last Name)

(First Name)

TELEPHONE NUMBER (____) _____ - _____

III. CONTRACTOR INFORMATION (if applicable)

NAME

ADDRESS

CITY

_____ STATE _____ ZIP _____ - _____

CONTACT PERSON

(Last Name)

(First Name)

TELEPHONE NUMBER (____)____-____

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IV. THE FOLLOWING LOCAL AND/OR STATE PERMITS ARE REQUIRED FOR OPERATION OF THE PHHWCF:

	OBTAINED			OBTAINED	
_____	YES <input type="checkbox"/>	NO <input type="checkbox"/>	_____	YES <input type="checkbox"/>	NO <input type="checkbox"/>
_____	YES <input type="checkbox"/>	NO <input type="checkbox"/>	_____	YES <input type="checkbox"/>	NO <input type="checkbox"/>
_____	YES <input type="checkbox"/>	NO <input type="checkbox"/>	_____	YES <input type="checkbox"/>	NO <input type="checkbox"/>

V. PROPERTY OWNERSHIP

- A. Is the property on which the PHHWCF is located owned by the operator? Yes ☐ No ☐
If not, a written agreement between the operator and the property owner is required.

Property Owner's Name _____ Phone (____)____-_____

Contact Person _____

VI. ACCEPTANCE AND MANAGEMENT OF SPECIFIC WASTE TYPES

- A. Will your facility accept wastes from conditionally exempt small quantity generators? Yes ☐ No ☐

- B. Will your facility accept waste from any of the following programs, facilities, or transporters?

- | | | |
|--|------------------------------|-----------------------------|
| 1. Curbside household hazardous waste collection program? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. Door-to-door household hazardous waste collection program? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. Temporary household hazardous waste collection facility? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4. Recycle-only household hazardous waste facility? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 5. Mobile household hazardous waste collection facility? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 6. Registered HW transporter carrying hazardous waste generated by a CESQG? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 7. Registered HW transporter carrying waste from a loadcheck program? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 8. Registered HW transporter carrying abandoned waste under public agency oversight? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 9. Other? Please explain _____ | | |

- C. Does your facility categorically exclude any type of waste (e.g. explosives, infectious waste, compressed gas cylinders, etc.)? If so, please list those categories:

- D. Will your facility consolidate any of the following wastes?

- | | |
|---|---|
| <input type="checkbox"/> used oil | <input type="checkbox"/> antifreeze |
| <input type="checkbox"/> water-based paint | <input type="checkbox"/> miscellaneous wastes |
| <input type="checkbox"/> oil-based paint | <input type="checkbox"/> contaminated with solvents |
| <input type="checkbox"/> photographic solutions | <input type="checkbox"/> gasoline |

- ☐ solvents
- ☐ roofing tar
- ☐ caulking/patching compounds
- ☐ adhesives

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VII. WASTE VOLUME

A. Please indicate the approximate total volume of hazardous waste brought to the facility in an average month.

_____ Gallons or _____ Pounds

B. What is the capacity of the container storage area (i.e., drums, roll off bins, etc.) at the facility?

1. Individual storage area total capacity _____ gallons/pounds
2. Individual storage area total capacity _____ gallons/pounds
3. Individual storage area total capacity _____ gallons/pounds
4. Individual storage area total capacity _____ gallons/pounds
5. Individual storage area total capacity _____ gallons/pounds
6. Individual storage area total capacity _____ gallons/pounds

What is the total number of tank storage areas? _____

1. Individual tank volume _____ gallons. Waste stored _____
2. Individual tank volume _____ gallons. Waste stored _____
3. Individual tank volume _____ gallons. Waste stored _____
4. Individual tank volume _____ gallons. Waste stored _____

VIII. DAYS/HOURS OF OPERATION

On the average, how many days each month is the facility open to accept wastes?

_____ Days per month

What are the hours of operation on the days that the facility accepts wastes from households and CESQGs?

Example: Facility accepts CESQG wastes from 0900-1300 on the first Friday of each month and accepts household wastes Monday through Thursday of each week from 1000-1600

FACILITY DESCRIPTION: Please describe the facility in enough detail that a person not familiar with the facility could
be able to understand the facility design. Include a description of the lighting, fencing, secondary containment for
areas, etc.

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X. REQUIRED ATTACHMENTS

- A. ☐ A plot plan of the facility
- B. ☐ Certification of financial responsibility for closure
- C. ☐ Copy of a written agreement between the property owner and facility operator allowing operation of the PHHWCF (if applicable)

XI. OPERATOR CERTIFICATION (PUBLIC AGENCY)

"I certify that the unit or units described in these documents meet the eligibility and operating requirements of state statutes and regulations for the permit by rule tier. I understand that I am required to provide financial assurance for the costs of closing this facility. I also understand that I am required to file a Phase I Environmental Assessment at a later date as part of the permit by rule application."

"I certify under penalty of perjury under the laws of the State of California that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations."

Name (Print or Type)_____
Title_____
Signature (Principal executive officer or ranking elected official), CCR, Title 22, Section 66270.11._____
Date Signed